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Drug Rehab: A Guide for Addiction and Mental

Health

What is drug addiction?

The first thing to understand about drug addiction is that it is a [disorder](#). As opposed to past eras when scientists thought addiction was a sign of immorality or lack of willpower, today, we understand that addiction is a disorder that affects the brain and changes behavior. According to the National Institute on Drug Abuse (NIDA), addiction is a disorder that behaves much like heart disease, in that it prevents the healthy functioning of an organ in the body, but can be preventable or treatable.

The second thing to understand about drug addiction is its chronic nature. While any substance use will undoubtedly affect the brain and change behavior, addiction is [a chronic, relapsing disorder](#) characterized by compulsive drug seeking and use despite adverse consequences. Put simply, addiction is an overwhelming, recurring, uncontrollable urge to use illicit substances like drugs and alcohol, regardless of the negative social, personal, and professional effects addicts understand the substance use will have on their lives. These negative effects manifest themselves in a multitude of symptoms like an inability to fulfill professional obligations, or consistently missing important social opportunities to use the substance or substances.

All of this is important to note because addiction is rather common—[roughly 10 percent of all adults in the United States](#) will struggle with drug abuse at some point in their lives. Luckily, as stated, drug addiction can be prevented and treated.

Causes of drug dependency

Within the four major groupings of [drug addiction symptoms](#), there are two that are clinical: tolerance and dependence, both of which occur after prolonged substance use.

The first, [drug tolerance](#), is easy to diagnose. It's evident when, after repeated substance use over time, a drug no longer has the same—or as potent—of an effect on its user. For example, if someone is addicted to opioids, the painkilling properties of the drug will start to lessen on them. If when they first started consistently using opioids, it took one pill to relieve pain, they might soon find themselves having to take three pills to relieve the pain after prolonged use—that's a drug tolerance. And while the development of tolerance alone is not an addiction, it can be a symptom of drug addiction.

The second clinical symptom of drug addiction, which can be slightly harder to diagnose, is [drug dependency](#), which occurs when the body adapts to the repetitive use of substances to the point it is unable to function properly without the presence of those substances. For instance, if an individual has become so reliant on alcohol that they can't operate at work, or at home, without a drink, they have developed a drug dependence. Perhaps the easiest way to tell if you or someone close to you has developed a drug dependence is to see if withdrawals occur when access to the drug is denied or restricted. Withdrawals are severe physiologic reactions to the absence of a drug and often manifest themselves in those with addiction in the form of increased anxiety, irritability, nausea, or tension—among other symptoms. And, much like drug tolerance, the development of dependence alone doesn't signify an addiction.

Changes in the brain

Drugs allow users to reach an altered state by changing brain chemistry, so it only makes sense that drug addiction—a physiologic disorder characterized by chronic, relapsing use of substances—would cause prolonged, lasting changes to the brain.

The brain is perhaps best thought of as the computer of our being. Thoughts, feelings, impulses, and emotions are all processed by it. And within the brain lies billions of cells called neurons, that act a bit like the keys on the keyboard of your computer—when a neuron “fires,” it's acting like a keystroke to your central computer. In the same way you

might hit the “enter” key to search on your internet browser, the neurons send information and commands to and from the brain from the rest of the body.

Keeping with that analogy, when humans take drugs, it’s a bit like spilling something a little sticky on your computer keyboard. If it’s just once, the keyboard likely won’t be broken—sure, your space bar might get stuck down for a short bit of time, but it will go back to normal after a couple of hours. But, if you habitually spill sticky materials onto your keyboard, eventually, it won’t be able to function properly—you’ll no longer be able to push the buttons. Or, in the case of neurons affected by drug use, they won’t be able to fire properly. And that’s a big problem, because those neurons control major functions in your brain.

Among the myriad areas of the brain affected by drug use—[the basal ganglia](#), [the prefrontal cortex](#), [the extended amygdala](#)—reside the neurons that control how we motivate ourselves, how we process euphoria, how we deal with stress and anxiety, and how we make plans and exhibit self-control over our actions. With prolonged exposure to drug use, all of these areas of the brain will fail to function properly—those struggling with addiction will find it hard to get pleasure from anything that isn’t drug use, they will become increasingly anxious or irritable when not using drugs, and will struggle to control impulses, often seeking the drug compulsively, and at the detriment to other aspects of their lives.

Drug dependency risk factors

Anyone who uses drugs or alcohol is at risk of addiction. That said, there are certain [risk factors](#) that can make an individual more likely to develop an addiction, and those risk factors can be broken up into two main categories: environmental and genetic. Many of these risk factors can date all the way back to an individual’s childhood, but here is a basic guide to some of them:

Genetic

Prenatal drinking or smoking: Studies have shown that if an individual's mother was smoking or drinking during pregnancy, it can increase the chances for substance addiction later in life.

Poor self-regulation of emotions and readiness: If, throughout their life, an individual has struggled with self-regulating their emotions like aggression or have struggled with readiness at work or school, they may be more likely to develop a drug addiction through use.

A family history of addiction: If addiction runs in an individual's family, studies suggest they're at an increased risk of developing a drug addiction as well.

Existing mental disorders: People who have existing mental disorders such as general anxiety disorder or depression have a higher chance of drug becoming addicted to substances.

Male gender: While it might seem abstract, studies have shown that men are more at risk for drug addiction than women.

Environmental

Stress: While everyone experiences stress, lingering, chronic stress can lead to an increased chance of addiction. These chronic stresses can include—but aren't limited to—living in poverty or an abusive/unhealthy work or home environment. Chronic, ongoing stress can lead certain individuals to turn to substances for relief, which can be habit forming and eventually lead to addiction.

Lack of proper parental involvement: Research has shown that those who grow up with absentee or abusive family members are at a higher risk of addiction than those who grow up in healthy home environments.

Secondhand smoke or prevalent substance use: If an individual lives in a home where smoking or other drug use is commonplace, the exposure to that usage will increase their likelihood of addiction.

It's important to note that if an individual is exposed to multiple of these risk factors, they are subjected to what is called cumulative risk, which compounds their likelihood of drug addiction further.

Types of drug addictions

There are six main types of drugs that people can become addicted to. They are:

Stimulants

Stimulants are also known as “uppers” and work by affecting the body's central nervous system (CNS) to increase heart rate, alertness, blood pressure, and breathing, leaving someone feeling as though they are “speeding up.” When prescribed, stimulants are often used to treat disorders like ADHD, narcolepsy, or asthma. Some commonly abused stimulants include cocaine, Adderall, methamphetamine, and ecstasy/MDMA, and symptoms of stimulant abuse include—among others—anxiety, paranoia, psychosis, and depression, particularly when users are deprived access to the stimulants.

Depressants

Depressants effectively act in the opposite manner of stimulants and are usually referred to as “downers.” Unlike stimulants, they lessen heart rate, decrease alertness, and slow brain activity. They are often prescribed for anxiety, insomnia, and obsessive-compulsive disorder. Some commonly abused depressants include Xanax, alcohol, Valium, and barbiturates. The short-term symptoms of depressant abuse can be similar to stimulant abuse—including increased anxiety, overactive reflexes, and agitation—while the long-term effects of abuse are often symptomized by impaired memory, hallucinations, delirium, and sluggish thinking.

Hallucinogens and Dissociatives

Hallucinogens work by disrupting the brain’s communication with the body to create powerful, rapidly changing sensation and perceptions of things that aren’t grounded in reality among users. They are broken into two categories—classic hallucinogens and dissociative drugs. Classic hallucinogens can cause users to “trip” and see someone or something in front of them that is not present in reality. Dissociative drugs often make users feel as though they are “detached” from their bodies, or as if they are watching themselves from outside their own bodies. Commonly used classic hallucinogens include LSD (acid), mescaline (peyote), and psilocybin (“magic”) mushrooms while common dissociative drugs include phencyclidine (PCP), ketamine, or salvia. Both classes of drugs have intense short-term effects and the long-term abuse of them can lead to devastating, continuing symptoms like distorted cognition, paranoia, persistent psychosis, ongoing hallucinatory flashbacks, speech problems, and suicidal thoughts.

Opioids

Opioids addictions are perhaps the most relevant drug addictions within the country at the moment—[the White House has declared a national health](#) crisis in regards to the skyrocketing epidemic of opioid abuse nationwide. Opioids are powerful painkillers that create a sensation of euphoria amongst users, and are commonly prescribed to patients who are suffering from intense pain. Unfortunately, for years, doctors have been far too willing to overprescribe opioids, which are extremely addicting and habit-forming—they have been shown to cause addiction in as little as three days. Commonly used opioids include hydrocodone (Vicodin), oxycodone (Percocet, OxyContin), morphine, codeine, fentanyl, and heroin. The symptoms of opioid abuse include brain impairment, constipation, drowsiness, pupil dilation, and euphoria, and the effects of withdrawals among users can be devastating and manifest themselves in flu-like symptoms that can last as long as weeks in users.

Inhalants

Inhalants, as their name implies, are substances that are always inhaled to provide a brief feeling of euphoria among users. The most frequently abused inhalants are everyday household items like gasoline, cleaners, glue, nitrous oxide, aerosol sprays, and room deodorizers. The common effects of inhalant can abuse include brain damage, weakness, euphoria, nosebleeds, loss of smell, hallucinations, and loss of consciousness.

Marijuana

Marijuana refers to the dried leaves, flowers, seeds, stems, and extracts of the Cannabis indica or Cannabis sativa plant and—despite what some may say—can be abused, can have harmful effects on users, and can form addictions among users. Cannabis is the most commonly used illicit drug in the United States, particularly amongst younger generations, and is usually smoked or ingested to achieve depressant-like effects in users. The short-term effects of marijuana abuse include sedation, slowed reaction times, and an impaired sense of time. The long-term effects of marijuana abuse have been shown to increase mental problems like paranoia, anxiety, depression, or—when taken in high dosages—psychosis, particularly among users with existing psychological disorders like schizophrenia. Long-term, continual usage of marijuana can lead to marijuana use disorder, in which the user becomes addicted to it, and withdrawal symptoms for habitual abusers can include sleeplessness, loss of appetite, and grouchiness.

Drug addiction prevention

Though it is a disorder, drug addiction can be prevented. And studies show one of the most effective methods of preventing drug addiction in adults is by **limiting early substance use** in adolescence through the enforcement of **protective factors**. Protective factors are personal environmental factors that work opposite of the risk factors we identified above and help individuals to learn to cope with life situations and change in a healthy manner, thereby reducing the chances of an individual forming a drug addiction. Adolescent protective factors that can be provided by parents include:

Good maternal nutrition while children are in prenatal state.

Attentive, responsive, and supportive parenting throughout a child's life.

Parental dedication to helping children process and control emotions.

Setting consistent routines and rules for, establishing realistic expectations for, and praising the accomplishments of a child.

Providing children ample opportunities for socialization and exercise among their peers.

Beyond those examples, studies suggest that research-based prevention programs—and emphasizing the damage drugs can cause to young people—effectively reduce drug use among the youth and lessen the chance of drug addiction later in life.

For adults, increasing protective factors means understanding how to limit risk factors. The risk of drug use is greatest during times of large changes—changes like a divorce, or the loss of a loved one, or the termination of a job. Resisting any urges to use drugs as a way to adapt with these changes will help prevent the brain from creating a subconscious, ingrained connection of that behavior being the proper, healthy way to cope with changes or trauma. Furthermore, avoiding situations that inflame risk factors—like, say, situations where an individual typically struggles to control their emotions—or avoiding contact with others who frequently use drugs has been shown to reduce the risk of addiction.

Symptoms of drug addiction

The warning signs of drug addiction can be divided into three types of symptoms—behavioral, physical, and psychological. Here are some of the more common, easy-to-identify symptoms.

Behavioral

Someone who is addicted to and abusing drugs will often begin to act differently than they normally do. Their behavior may begin to seem erratic or inexplicable to those that

have known them for a prolonged period. These changes include:

Changes in an individual's activities or hobbies.

Changes in an individual's social circles.

Neglecting family, school, social, romantic, or professional obligations.

Secretive or "shady" behavior. This is perhaps the most common and telling warning sign—those who become addicted will often become withdrawn from loved ones in an attempt to hide their use.

Self-isolation.

Legal issues often manifested by an individual getting into fights, getting caught stealing, causing automotive accidents, or driving under the influence.

An unexplained need for money or financial troubles that may ultimately result in stealing.

Physical

While behavioral issues may be more gradual or harder to identify, physical warning signs of drug addiction tend to be slightly easier to notice. They include:

Frequent bloodshot eyes and pupils that are either significantly larger or smaller than unusual.

Loss of appetite and increasingly irregular sleep patterns.

Persistent runny nose or sniffing. This warning sign is particularly pronounced amongst cocaine addicts.

Deteriorating personal grooming and hygiene habits.

Sudden, pronounced weight loss or weight gain.

Marks on skin, or odd odors on a person's being or clothing.

Slurred speech or extreme lethargy.

Psychological

Psychological warning signs, much like behavioral warning signs, can result in jarring changes to an individual who is abusing drugs. While behavioral warning signs will affect how an addicted individual interacts with others close to them, psychological warning signs will change a person's entire personality, thought patterns, and beliefs. Here are a few common psychological warning signs:

Increasing prevalence and expression of mental disorders like paranoia, anxiety, and depression.

Increasing fearful or obsessive thoughts and expressions, seemingly without reason.

Sudden, inexplicable, and violent mood swings.

A growingly negative self-image and dismal outlook towards life.

Periods of wildly increased energy and nervousness interspersed with periods of rampant lethargy and complete lack of motivation.

Growing, pervasive apathy and disinterest.

Recognizing if a loved one is using drugs or intoxicated

Coming to grips with the fact that a loved one might have a substance use disorder isn't easy—it can be a tough, painful reality to face. But it is the first step to helping that individual get help, and so, it's imperative to be able to notice the signs of an individual who is currently intoxicated, or has been using drugs.

In addition to the symptoms of a drug addiction listed above, there exists a litany of signs that someone is actively intoxicated. Some of the more notable signs of intoxication:

Slurred speech

Bloodshot or glassy eyes

Flushed face

Droopy eyelids

Twitching, or body tremors

Sporadic voice modulation, speaking very loudly then very quietly

Talking unusually quickly or slowly

Auditory delays in conversation or in response to questions

Rambling, incoherent, train-of-thought speech

Repetitive speech

Restlessness, inability to sit straight and still

Swaying, staggering, or stumbling

Disorientation, trouble concentrating on a conversation, inability to maintain eye contact

Irritability, anxiety, and wild, seemingly spontaneous changes in attitude

Excessive sweating and overly frequent trips to the bathroom

Also, as noted above, drug addiction will often cause jarring changes to the professional, social, familial, and romantic relationships of the individual who is addicted. Some of the more common signs of drug addiction in a loved one will include that individual becoming more withdrawn, more secretive, less dependable, more irritable and defensive—particularly if confronted about substance use, and asking those closest to them for money for reasons not easily explained. This behavior, ultimately, can lead to those addicted to drugs hurting those closest to them—one harmful activity typical of addicts is stealing from those closest to them. This, in turn, can create lasting, painful changes to a relationship with a loved one as it becomes increasingly difficult to separate the actions caused by their addiction from the person those closest to them remember.

Drug Addiction Treatment

Luckily, there exists a slew of effective ways of [treating drug addiction](#). Effective treatment can take place in a variety of settings and take on many different forms over various lengths of time, but—most notably—should not be a one-time, short-term treatment. Because addiction is an ongoing, chronic disorder that often manifests itself in prolonged urges to use and occasional relapses, any treatment that sells itself as a one-time, quick-and-easy magic bullet is likely not effective.

Generally, effective drug addiction treatments include behavioral therapy—subdivided into cognitive-behavioral therapy and contingency management, medication therapy, or some combination therein.

Drug addiction treatment effectiveness

Drug addiction treatment, when it is ongoing and properly handled, [is effective](#) and has been shown—in research—to help people battling addiction to stop using drugs, and return to proper functioning socially, professionally, and personally. That said, drug addiction treatment shouldn't be viewed in the same light as, say, treating an infection wherein someone takes a bunch of antibiotics and when they finish the antibiotic cycle the infection is gone.

Because addiction is a chronic, ongoing disorder, relapse rates are right in line with other chronic diseases like asthma or diabetes. Even with proper treatment, around 50 percent of all drug addicts will relapse, and—as such—relapses should be considered likely. But, it's worth noting that a relapse doesn't mean treatment wasn't effective—part of successful treatment for drug and alcohol addiction is continually evaluating, tweaking, and modifying one's approach to treating addiction, and staying away from substance use. Relapses are just a sign that a person has to make changes to their treatment plan.

While different types of drug addiction treatments work in different ways, [there are a few principles of effective treatment](#) that need to be present for any type of treatment to be effective. Those principles include:

1. **An understanding by the addicted individual that addiction is a complex—but treatable—disorder that affects brain function.** In order for treatment to be effective, the person who is addicted must understand they can effectively treat their addiction, but that it won't be simple.
2. **The knowledge by the addicted individual and those providing treatment that no treatment one-size-fits-all.** Effective treatment will vary depending on the personal characteristics of the addicted individual and the substance they are addicted to. As such, effective treatment plans should be nuanced and unique to each individual.
3. **Treatment has to be available at all times.** Due to how uncertain drug addicted individuals may feel about undergoing treatment—and how strong impulses to use substances can be in addicted individuals—it's essential that treatment be immediately available and readily accessible at all times.
4. **Effective treatment doesn't just treat the addiction—it treats the individual.** Because addiction has wide-ranging roots and consequences, effective treatment has to work on treating those underlying problems. If addiction has created professional, personal, or legal troubles in an individual's life, effective treatment will address those issues.
5. **Effective treatment cannot be shortchanged. It has to be of adequate duration.** Effective treatment length will vary depending on the type of addiction an individual has, and the degree of that addiction. Generally, research shows individuals need at least three months in treatment to significantly reduce or stop drug use. Research also shows that the longer time spent in treatment, the better the outcomes of treatment.
6. **Behavioral therapy is the most common form of treatment and should be embraced.** Because risk factors can contribute contribute to drug addiction, and because one of the most commonly effective forms of drug addiction therapy is making widespread lifestyle changes to limit urges to use, behavioral therapy needs to be embraced.

- 7. Medication also needs to be embraced for effective treatment, as the best treatments have been shown to be a combination of behavioral and medication.** Medications like methadone and naltrexone have been proven to be extremely effective in helping addicted individuals to stop using opioids and heroin, while other medications like acamprosate, disulfiram have been approved for treating alcohol addiction. To truly maximize the efficacy of treatment, those struggling with drug addiction need to be willing to use both medication and behavioral therapy.
- 8. Treatment plans must be continually assessed and adjusted.** Every person is an individual, and the causes and effects of addiction are unique to each individual. As such, an addiction treatment must always be evaluated and tweaked as individuals grow and change. What is effective treatment for the addicted individual one month might not work the next month.
- 9. Understand that many people with addiction disorder will also struggle with other mental disorders, and those disorders must also be treated.** About half of all people who are diagnosed with a substance addiction disorder will also suffer from another mental disorder such as schizophrenia, depression, bipolar disorder, or anxiety. This is called co-occurring disorders, or [comorbidity](#). Effective treatment for drug addiction will not just work to treat the addiction, but also the co-occurring disorders that may be contributing to the habit of substance use.
- 10. Addicted individuals do not need to volunteer for treatment in order for it to be effective.** Contrary to some beliefs, an individual with a substance abuse disorder doesn't need to voluntarily enter treatment for it to have a positive effect. Familial interventions, sanctions from the criminal justice system, and enticements from coworkers/friends have all been proven to increase the chance of successful treatment.
- 11. Medically assisted detox is only the first step in addiction treatment. It alone does little to curb drug use.** Medically assisted detox can be effective in helping to reduce the symptoms of drug withdrawal and lay the groundwork for the path to getting clean, it alone is rarely sufficient in treating addiction. It's a useful first step, but in

order to ensure efficacy, it should be combined with ongoing addiction treatment after individuals have detoxed.

12. **An individual should be monitored for drug use while in treatment to increase the success rate.** Understanding they are being monitored has proven to be an effective deterrent in stopping addicted individuals from abuse drugs and reducing their urges to abuse. And, because relapses are common, monitoring during treatment allows treatment providers an early insight into whether the treatment is working or if it a treatment program needs to be tweaked for success.
13. **Successful treatment programs should also test—and treat—for other infectious diseases like HIV and hepatitis.** Typically, drug abuse behavior may beget other behaviors that put the health of an individual at risk of contracting other infectious diseases. While in treatment, addicted individuals should be warned on the dangers of high-risk behavior, in the hopes that treatment will help them establish healthy behaviors and lessen their risk of contracting other infectious diseases. If individuals have already contracted other infectious diseases, drug addiction treatment should also treat the symptoms of those diseases in order to increase the chance at success.

Types of drug addiction treatment

There exists a handful of [different treatment methods for drug addiction](#), all of which have different advantages to them, but the most important factor to someone getting clean is taking the first step to actually get treatment—studies show only [18.5 percent of those who need treatment for substance abuse issues actually get it](#). However, once someone has decided—or been persuaded—to enter treatment it's useful to know the treatment types and what benefits they provide. Here's a breakdown:

Long-term residential treatment

Long-term residential treatment is the most intensive, and most expensive, type of drug addiction treatment. It provides 24-hour daily support, assessment, monitoring, and treatment for addicted individuals, and usually occurs in non-hospital settings over a period of six months to a year. The focus of this type of treatment is on large-scale, wide-ranging lifestyle changes. These programs view addiction in the context of social and psychological shortcomings on the behalf of the addicted individual, and work to “resocialize” those individuals and challenge their beliefs, self-concepts, and patterns of behavior. These treatment programs also often offer comprehensive services like employment assistance, so as to help patients return to productive lives post-treatment. Studies show that, generally, long-term residential treatment is [as effective or more effective than other treatment methods](#), though it may not be economically viable for all as some upscale long-term treatment facilities can charge more than \$20,000 a month for their services.

Short-term residential treatment

Short-term residential treatments provides the same intensive care that long-term residential programs do, but in a relatively condensed time frame. Generally, the inpatient portion of short-term residential treatment will occur within a facility over a period of three to six weeks, where patients will usually follow a modified [12-step program](#). For these programs to be effective, it is essential that patients remain engaged in active outpatient treatment programs and support groups to lessen the chance of relapse after the patient has left the residential center. While long-term residential [has been shown to be more effective](#) in achieving abstinence among patients, it should be noted that short-term residential treatment is still proven to be effective. As it is often covered by insurance and not as intrusive, short-term residential can be a preferable method of treatment for people who can't afford the costs or don't have the free time required to enroll in a long-term residential treatment program.

Outpatient treatment programs

Outpatient treatment programs will invariably cost less than long-term and short-term residential inpatient treatment programs and will often be less intensive than both forms of inpatient treatment programs. This makes them preferable treatment programs for people who need to maintain jobs, don't have the funds available for inpatient treatment, or have strong social support nets. Outpatient treatment programs can also vary wildly in intensity and effectiveness, with some outpatient programs providing little more than drug education to those who enter, so it is essential anyone considering joining an outpatient program does extensive research on the potential program before joining it. That said, studies have shown that by and large, [intensive outpatient programs](#)—which capitalizes on daily work, counseling, and multiple individual and group meetings weekly—have the [same level of efficacy as inpatient programs](#).

Individualized drug counseling

Individualized drug counseling is generally utilized following inpatient programs, or during and after outpatient programs, to help patients maintain positive outcomes, and it is usually best utilized in conjunction with group drug counseling. It focuses on short-term behavioral goals in an addicted individual to help that person develop the coping mechanisms and psychological tools needed to abstain from drug use. Generally, the addiction counselor will encourage participation in a 12-step program and can make referrals for needed medical, psychiatric, and social services. It's an important, ongoing aspect of treatment critical to addressing the unique and changing challenges of each individual.

Group counseling

There's a reason why it is important to supplement individualized drug counseling with group counseling. Whereas individualized drug counseling works on changing personalized behavior, group counseling works to establish social reinforcement and social support nets. Studies have shown that some establishing support and a sense of

responsibility and accountability amongst a social group can increase a sense of personal agency in adapting—and holding others to—a drug-free lifestyle.

Criminal justice-involved, or court-mandated, treatment

It might seem counterintuitive, but [studies suggest](#) that the outcomes for legally mandated drug treatment programs [can be as effective—or more effective](#)—than drug treatment programs that are voluntarily entered. Much like inpatient and outpatient treatment programs that individuals enter on their own accord, the effectiveness of legally-mandated programs increase when patients involve themselves in ongoing treatment and counseling when outside of the criminal justice system. Though some may view it as harsh, asking for court-mandated treatment for loved ones struggling with addiction who have run afoul of the law can ultimately be a useful way to start the path to recovery.

Stages of a drug addiction treatment

There are five stages of drug addiction treatment ranging from before an addicted individual is willing to admit they have a disorder through the maintaining of their sobriety. Those stages are:

Stage one: Precontemplation

Addicted individuals in the precontemplation stage haven't begun to consider changing their behavior. They have no plans to stop their substance abuse, and many won't even view their substance use as problematic.

Generally the reasoning for people being in the precontemplation phase of their addiction boils down to reluctance, rebellion, rationalization, or resignation. Those with reluctance may lack the motivation to change their behavior, or may be oblivious to their disorder. Those in the rebellion stage often view their use as an act of personal agency and decision making, and will rebuke any attempt to curb their substance abuse, as they will view it as letting go of their personal agency. Those who are resigned have given up hope

of ever overcoming their addiction, and while they are aware of their disorder, are overwhelmed by it, and thus consigned to allowing it to continue. Those who rationalize their abuse believe they know better than others, and will often be steadfast in denying they have a problem.

Stage two: Contemplation

Contemplation is a critical stage in treatment: It's the stage when individuals begin to recognize and admit they have an addiction. But, as the name of this stage of treatment suggests, it's hardly black-and-white.

People in the contemplation stage are doing just that—contemplating—and wrestling with the reality of their addiction in their head. They may want to change their behavior, or know they need to change their behavior, but have self-doubt about whether or not they can. They cannot make the first step towards change independently. It is vitally important that, if someone close to you is going through this stage, you support them and encourage them that they do have the capacity for change. Your support can help assist and expedite them in getting to the next stage of treatment, which is when true changes start to occur.

Stage three: Determination

This is when the proverbial rubber hits the road. When an addicted individual decides it's time to make a change, and is willing to come up with a short-term and long-term action plan to achieve their recovery goals.

During this stage, it's important that those closest an addicted individual continue to support them as they develop an action plan but also crucially important they encourage the addicted individual to seek the help of addiction professionals in developing said plan. Because effective treatment is different for each individual, it's critical that the people who are helping develop treatment plans are trained in the best treatment styles for different types of addiction.

Stage four: Action

At this stage the addicted individual puts their treatment plan into action. Often times, this starts with a public admission of their addiction, and a public commitment to their treatment plan, to those closest to them. Individuals in this stage will have found the motivation they need to enter inpatient, outpatient, or counseling treatment and will be determined to do so. This stage can last three months to a year, and it is again incredibly important that those closest to them show unified support behind them during this stage, particularly when the individual is beginning this stage.

Stage five: Maintenance and Relapse

This stage will be the longest and will not be straightforward. Sustaining the foundation of changes that were set in the “Action” stage will require a prolonged, ongoing commitment to sobriety. It will not be easy, and may likely include relapses.

But, so long as an individual is committed to continuing their treatment, and understand that addiction is a chronic disease, they have a great chance of success in their recovery. And, as they get further along in their recovery, it will become easier for them to maintain everyday. While the risk of relapse will always be present everyday, it will continually lessen overtime with commitment to maintaining their sobriety.

Drug withdrawal symptoms

Within those five stages of drug addiction treatment exist substages. And the first substage of “Action” is medical detoxification—or detox. Medical detoxification is the initial period of weaning an individual off the substances they are addicted to. Unfortunately, the symptoms of withdrawal that accompany detoxing can be brutal, [particularly for opioid addiction](#), and can last as long as a month, so it’s important to detox under the supervision of an addiction professional who can help to lessen the severity of withdrawal symptoms.

Some telltale symptoms of drug withdrawal include:

Anxiety or nervousness

Depression

Fatigue

Irritability

Jumpiness or shakiness

Mood swings

Nightmares

Not thinking clearly

Sweating, clammy skin

Enlarged (dilated) pupils

Headache

Insomnia (sleeping difficulty)

Loss of appetite

Nausea and vomiting

Diarrhea

Pallor

Rapid heart rate

Tremor of the hands or other body parts

Medications used during treatment

Medication can be effective in helping the treatment of certain substance abuse disorders, namely, [opioid, alcohol, and nicotine abuse disorders](#). There are still no Food and Drug Administration (FDA)-approved medications to assist in the treatment of cocaine or methamphetamine addiction disorders. Here is a list of approved medications for assistance in drug addiction treatment:

For Opioid Addictions:

Buprenorphine: This drug has been shown to help reduce or eliminate the symptoms of opioid addiction withdrawal—notably drug cravings—without producing a high in those who take it. It both stimulates and blocks the opioid receptors in the brain to help in both lessening cravings and also in weaning off dependency of opioids in addicted individuals. It can be taken alone, under the tongue, or in combination with another agent called naloxone that is used to deter the intravenous administration of this drug. Certified physicians can administer this drug in office to help assist in the detoxification process of drug addiction treatment and, occasionally, in the maintenance phase of drug addiction treatment. Think of it as a drug that half mimics the effects of opioids, and half blocks them.

Methadone: Methadone also reduces withdrawal symptoms and prevents cravings, and has a long-established history of being an effective medication in the treatment of opioid addiction. It works by activating the same receptors in the brain as opioids to help satisfy the cravings of addicts—essentially fully mimicking the effects of opioids—and can be used in the detoxification process in more extreme cases of addiction where buprenorphine isn't as effective.

Naltrexone: This drug is used for the prevention of relapse in addiction treatments. It completely blocks the opioid receptors in the brain, which—in turn—blocks the high a user would normally get by taking opioids. It can also cause withdrawal symptoms if taken soon after opioid abuse.

For Alcohol Addiction:

Acamprosate: Reduces withdrawal symptoms by helping to restore brain functionality disrupted by chronic consumption.

Disulfiram: This drug makes it harder for an individual's body to metabolize alcohol by inhibiting an enzyme their body needs to process alcohol. This, in turn, creates an unpleasant reaction to alcohol consumed after taking the medication.

Naltrexone: Much like its effect on opioid users, naltrexone helps to block the happiness and euphoria some get from drinking alcohol.

For Nicotine Addiction:

Bupropion: Relieves nicotine cravings and withdrawal symptoms.

Varenicline: Relieves nicotine cravings and withdrawal symptoms in users by slightly stimulating nicotine receptors in the brain.

Nicotine Replacement Therapies (NRTs): These are used to help users wean off cigarettes by stimulating nicotine receptors in the brain. They are sold in lozenges, patches, and gum, among other application methods.

In addition to medications used to treat addiction, there is also an approved device for treating addiction. The device is called the NSS-2 Bridge and it's placed behind a patient's ear and emits electrical impulses to stimulate certain cranial nerves and reduce the effects of opioid withdrawal. It has been shown to reduce withdrawal symptoms on the Clinical Opiate Withdrawal Scale by as much as 30 percent.

Choosing the right drug addiction program

Currently, in the United States, [there are more than 14,500 drug addiction treatment facilities](#). That's a lot, and can make choosing the right program seem daunting. That said, there are both objective and subjective measures to decide the validity and reputability of a treatment program, as well as its fit for an individual's needs. To start, here are some of the objective things someone should look for in an addiction treatment program:

Accreditations

To start, all drug treatment programs worth their salt will be accredited by either [The Joint Commission](#) or the [Commission on Accreditation of Rehab Facilities \(CARF\)](#). Both commissions are nonprofit, independently ran bodies that accredit programs nationally

based on the program's performance and industry standards. In addition, any addiction treatment program advertising on Google or Facebook must be certified by [LegitScript](#), which adds another level of legitimacy and consumer protection when investing money into an addiction treatment center.

Licensing

While states and districts have different licensing requirements for drug addiction treatment centers to open, there are clinical licenses professionals should attain to be trusted as a treatment provider. These licenses include LADC (Licensed Alcohol and Drug Counselor), LPC (Licensed Professional Counselor), CAC (Certified Addictions Counselor) or CCDP (Certified Co-occurring Disorders Counselor).

Beyond those objective measures, there are subjective measures one should consider when looking into an addiction treatment program. These can include, but aren't limited to:

Length: Studies have shown the longer someone spends in a treatment program, the more effective it is. But, not everyone has six months to spend at an inpatient center.

Insurance: As mentioned, addiction treatment can be pricey. Finding a program that is in-network for a particular individual's insurance can be massively important.

Mental health services: Given the prevalence of co-occurring disorders, having professionals on-staff at a treatment facility who can adequately address other existing mental disorders in an individual can be critical to successful treatment.

Post-treatment support: As one of the most important steps in recovery is "Maintenance," it's critical that a treatment program provides ongoing support to individuals who enroll in it. This can include continuing care groups, employment support, and readily available phone-based coaching.

Medical-assisted detox therapy: As stated, withdrawal symptoms can be hellish. It's important to have medical assistance for that stage.

Drug Addiction Treatment Costs

Drug addiction treatment, at face value, might seem expensive. Some of the higher-end residential inpatient treatment centers can cost more than \$20,000 a month.

But, when compared with the costs of continued addiction, the prices actually seem quite affordable. Studies show that substance abuse [costs our nation \\$600 billion nationally](#), and while a full year of methadone treatment might cost \$4,700 on average, the average cost of spending a year in jail is \$24,000. Further studies show every dollar invested in drug addiction treatment programs yields between \$4-\$7 in reduced criminal costs for an individual.

And, the good news is that while certain drug addiction treatments are inherently more expensive than others, most health insurance plans will cover some sort of drug addiction treatment. In fact, [any health insurance sold on the HealthCare.Gov government marketplace](#) is required to cover addiction treatment costs. Currently, with the exception of Arizona, Georgia, Indiana, Iowa, Idaho, Oklahoma, and Wyoming, all U.S. states require private insurance companies to offer coverage. It is essential for an addicted individual to check insurance plan benefits and contact the [National Alliance for Model State Drug Laws](#) to understand how much drug addiction treatment their insurance will cover, or are legally required by the state to cover.

After Drug Addiction Treatment

After someone suffering from drug addiction leaves treatment, it's essential that individual—and their loved ones—understand that treatment is ongoing and doesn't end when someone checks out of a facility.

In order to set themselves up for success, a person battling addiction will need to continue to get ongoing therapy and treatment in the form of individual therapy, group counseling, and regular check-ups with mental health and addiction professionals. Furthermore, since widespread behavioral changes are often the most effective method at limiting relapse, it will be paramount for that individual to adopt new, healthy routines and habits and establishing new social circles that promote their healthy lifestyle. This can be achieved by exercising more or trying new sports, volunteering, taking educational classes, or committing to learning a new skill or trade, like playing an instrument. Establishing new hobbies and healthy daily habits—like going to bed on time—will give a recovering addict stability and something to look forward to. Stability and purpose are huge factors in maintaining sobriety.

To that end, the loved ones of individuals leaving addiction treatment centers should understand and expect to provide unconditional support at all times for the individual and encourage them in establishing new, healthy habits. Recovery can be a burden not just on addicted individuals, but also their loved ones, because it is particularly important to always offer that support—whether that means driving someone to a support group meeting, or taking time to volunteer with that person, or just regularly checking up on them. Having a sterling social support net strongly increases the chances of successful treatment and maintenance of a substance use disorder.

Drug Addiction Relapse

The first thing to know about a [relapse](#)—which is a return to using a substance by a person who has attempted to quit that substance—is that it is not a failure. Individuals who relapse in their recovery should not consider themselves—nor should they be considered by their loved ones—to be failures because they relapses. Relapses happen. They are a normal part of recovery, and should be treated as learning experiences for individuals to grow and tweak their addiction treatment maintenance programs from.

One should look at relapsing the same way they would, say, cheating on a diet. If you

promised yourself you were never going to eat a lick of ice cream again for as long as you live, but suddenly found yourself hanging with a group of friends who only like to congregate next to the local ice cream parlor and one day you slipped up and ordered a sundae—would you be that surprised? Probably not, but you might make the decision—if it meant enough to you—to no longer associate with the group of friends who only hang out by the ice cream parlour.

Relapsing on substance use—while it is indubitably far more dangerous than cheating on a diet—should be viewed in the same light. Each relapse should teach the individual battling addiction something, and they should make life changes to avoid situations that tend to lead to those relapses moving forward.

Factors that can cause a relapse

There are multiple factors that can cause a relapse. These can be broken into environmental and personal risk factors. They include:

Environmental risk factors

Triggers in the environment: If someone is trying to recover from alcohol addiction, continuing to hang out with friends who frequently drink, or continuing to try to spend their free time at bars and restaurants may be too much of a trigger and cause them to relapse.

Unsupportive environment: If an individual is surrounded by others who aren't actively encouraging their addiction recovery—or worse, are actively discouraging it—those individuals will be more likely to relapse.

Excessive isolation: While time alone can be productive for some individuals in their journey through recovery, excessive isolation, feelings of loneliness, or not being held accountable to adhere to their ongoing treatment and maintenance plan by friends and family can ultimately increase chances of relapse.

Lack of employment: Multiple studies have shown lack of employment increases the chances of relapse.

Personal risk factors

Stress: Excessive, chronic stress is perhaps the single largest risk factor in relapsing. Individuals who are recovering from addiction should avoid situations that lead to chronic stress like unhealthy work and romantic environments. They should also avoid situations that may remind them of past traumas.

Fatigue / poor health decisions: It's important to limit fatigue and make sure an individual is maintaining their health. Excessive fatigue caused by irregular sleep or lack of exercise can cause stress or psychological and physical pain and lead to a relapse.

Depression: Individuals who struggle with depression disorders in addition to their addiction disorders must learn to identify the warning signs of the beginnings of a depressive state, and conscientiously avoid attempting to treat those moments with substances.

Physical pain: Studies have shown those who are in physical pain are more likely to relapse. It's important that individuals get to the root cause of physical pain, try to treat it with a professional, and avoid situations that exacerbate it, all while avoiding trying to use substances to numb the pain.

Preventing a relapse

Research shows that the most effective way to avoid a relapse is for an individual to make [wide-ranging behavioral changes](#). In order to do that it is important that patients avoid triggers, practice proper nutrition, exercise, and self-care, establish a social support group that encourages healthy habits, and adheres to their ongoing treatment plan through constant maintenance and weekly therapy. Focusing on limiting the exposure to situations

that might lead to a desire to abuse substances has proven to be the most effective way to stop relapses before they happen.

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